

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND											
1 Date of Request: <u>8/6/05</u>		2 Serial/Patent # <u>10/523021</u>									
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT							
	Filing			\$							
	Amendment			\$							
	Extension of Time			\$							
	Notice of Appeal/Appeal			\$							
	Petition			\$							
	Issue			\$							
	Cert of Correction/Terminal Disc.			\$							
	Maintenance			\$							
	Assignment			\$							
	Other			\$							
		7 TOTAL AMOUNT OF REFUND		\$ 100.00							
10 REASON:		8 TO BE REFUNDED BY:									
		<input type="checkbox"/> Treasury Check <input checked="" type="checkbox"/> Credit Deposit A/C #:									
Overpayment Duplicate Payment No Fee Due (Explanation):		9 <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; text-align: center;">0</td> <td style="width: 20px; text-align: center;">6</td> <td style="width: 20px; text-align: center;">--</td> <td style="width: 20px; text-align: center;">0</td> <td style="width: 20px; text-align: center;">9</td> <td style="width: 20px; text-align: center;">1</td> <td style="width: 20px; text-align: center;">6</td> </tr> </table>			0	6	--	0	9	1	6
0	6	--	0	9	1	6					
11 REFUND REQUESTED BY:											
TYPED/PRINTED NAME: _____		TITLE: _____									
SIGNATURE: _____		PHONE: _____									
OFFICE: _____		<small>Rep'n. Ref: 08/08/2005 BCAMPBEL 0012043400 DAH:060916 Date/Number:10523021 CC-5204</small>									
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****											
APPROVED: _____		DATE: _____									

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: